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PTO/SB/22 (09-06) Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEs rk Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 4035-0169PUS1 FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/500,243-Conf. #8938 Filed October 25, 2004 Application Number TEXT GENERATING METHOD AND TEXT GENERATING APPARATUS For N/A Examiner Not Yet Assigned Art Unit This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): <u>Fee</u> Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 120.00 \$450 Two months (37 CFR 1.17(a)(2)) \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 February 5, 2007 Signature Date (703) 205-8026 Joe McKinney Muncy Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

02/06/2007 JADDO1

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Total of

forms are submitted.

PTO/SB/17 (07-06)

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ork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nu	mber	10/500,243-Co	/500,243-Conf. #8938		
FEE TRANSMITTAL			Filing Date		October 25, 2004			
			First Named In	ventor	Kiyotaka UCHIMOTO			
For FY 2006			Examiner Name	•	Not Yet Assign	ied		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit N/A				
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket No. 4035-0169PU			31		
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type Fe	<u>Sn</u> ee (\$)	nall Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
	300	150	500	250	200	100		•
· · · · · · · · · · · · · · · · · · ·	200	100	100	50	130	65		
	200	100	300	150	160	80		
	300	150	500	250	600	300	-	
	200	100	0	0	0	0		
	200	100	U	V	U	U		Small Entity
2. EXCESS CLAIM FEES Fee Description Small Entropy Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Deper							nt Claims	
11 -20 x =					_		ee Paid (\$	
HP = highest number of total claims pa	aid for, if great	er than 20.			_			
Indep. Claims								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month								
SUBMITTED BY								
Signature 3	- }			Registration No.	32,334	Telephone	(703) 20	5-8026
Name (Print/Type) Loe McKinney Muncy			(Attorney/Agent)	02,004		February 5, 2007		
Manue (Lunn The) And INICIVIUUG	viviancy	+		· · ·		Date	Diuary	J, 2001